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**TRANSMITTAL  
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(to be used for all correspondence after initial filing)

|  |   |                        |              |
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|  |   | Application Number     | 10705440     |
|  |   | Filing Date            | 11/10/2003   |
|  |   | First Named Inventor   | Mullen, Nate |
|  |   | Art Unit               |              |
|  |   | Examiner Name          |              |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 4233         |

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks  |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |                    |
|-------------------------|--------------------|
| Firm or Individual name | Michael A. DiNardo |
| Signature               |                    |
| Date                    | 11/26/03           |

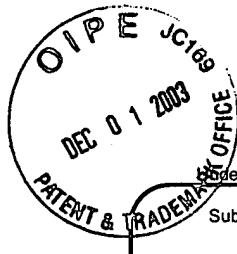
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| Typed or printed name | ARITINA AGALOPOL |      |          |
| Signature             |                  | Date | 11/26/03 |

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**Substitute for form 1449/PTO**

# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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## U. S. PATENT DOCUMENTS

## FOREIGN PATENT DOCUMENTS

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| Examiner<br>Signature |  | Date<br>Considered |  |
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<sup>1</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>2</sup>Applicant's unique citation designation number (optional). <sup>3</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>4</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>5</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>6</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>7</sup>Applicant is to place a check mark here if English language Translation is attached.

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